#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

L	hours per	response	<u>ì</u>	6.00
	SEC	USE ON	LY	]
	Prefix		Serial	1
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UNIFORM LIMITED OFFERING EXEMPTION check if this is an amendment and name has changed, and indicate change.) Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer ( check if this is an amendment and name has changed, and indicate change.) Concept Reality LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 620 Debbie Lane Erlanger, KY 41018 (859) 466**-**6350 (Number and Street, City, State, Zip Code) Telephone Number (Including Apa Cod Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Product development Type of Business Organization Limited other (please specify) corporation limited partnership, already formed business trust limited partnership, to be formed Company Month Year Actual Estimated Actual or Estimated Date of Incorporation or Organization: 013  $\Box 05$ Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) KIY .

#### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix neednot be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not SEC 1972 (6-02) required to respond unless the form displays a currently valid OMB control number.





			A. BASIC IDE	ENTIF	ICATION DATA				
2. Enter the information re	quested for the fol	llowing	:						
<ul> <li>Each promoter of t</li> </ul>			_		•				
<ul> <li>Each beneficial own</li> </ul>	ner having the pow	er to vo	te or dispose, or dir	ect the	vote or disposition	of, 109	% or more	of a clas	s of equity securities of the issuer.
• Each executive off	icer and director o	f corpor	rate issuers and of	corpoi	ate general and ma	naging	partners o	f partne	rship issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner o	of partne	ership issuers.						
Check Box(es) that Apply:	* Promoter	Ž i	Beneficial Owner	<b>X</b>	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Duncan,Rick	f individual)	_							
Business or Residence Addre 620 Debbie Lane	•		City, State, Zip Co anger, KY 4		8				
Check Box(es) that Apply:	Promoter	X I	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Davis, Gary J.	f individual)							<del></del>	
Business or Residence Addre 600 Vine Stree	•	-	City, State, Zip Co Cincin	,	i, OH 45202	)			
Check Box(es) that Apply:	Promoter	I	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	ode)			****		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)			****					
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	ode)		.,			
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	ode)		·		· · · · · · · · · · · · · · · · · · ·	
	(Use bla	ank shee	et, or copy and use	additi	onal copies of this	sheet, a	as necessar	y)	

					B. II	NFORMATI	ON ABOU	T OFFERI	NG\$	并是基础			
1.	Hås the	issuer sold	l, or does th	ne issuer in	itend to se	ll, to non-a	credited in	nvestors_in	this offeri	ng?	••••	Yes	No
	Answer also in Appendix, Column 2, if filing under ULOE.							_					
2.	. What is the minimum investment that will be accepted from any individual?								\$ <u>2,5</u>				
3.	Does the	offering	permit joint	ownershi	p of a sing	le unit?		••••		·····		Yes	No
4.	If a persor states	sion or sim on to be lis , list the na	ion request ilar remune ted is an ass ime of the b you may so	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase ent of a brok ore than five	ers in conne er or deale (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in th EC and/or	he offering. with a state		
Ful	l Name (I	ast name N/A	first, if indi	vidual)									
Bus	siness or l	Residence	Address (N	umber and	Street, Ci	ity, State, Z	ip Code)						
Nai	me of Ass	ociated Br	oker or Dea	aler		<u> </u>	<u></u>						ì
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers		<u> </u>				1
	(Check	"All States	or check	individual	States)	•••••		•••••		••••••		☐ Al	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	ll Name (l	ast name	first, if indi	ividual)	···								
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State, Z	Zip Code)						
Na	me of Ass	ociated Br	oker or De	aler	. ,								
Sta			Listed Has										
(Check "All States" or check individual States)										☐ Al	States		
	IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	ll Name (	ast name	first, if ind	ividual)							-		
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Na	me of Ass	ociated Bi	roker or De	aler							<del></del>		
Sta	ites in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						<u></u>
	(Check "All States" or check individual States)										States		
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alresold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, class box and indicate in the columns below the amounts of the securities offered for exchange already exchanged.	neck and	A a und A broadu
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests Limited, Liability Company	\$	<u> </u>
	Other (Specify Membership Unit)	<u>\$ 104,000.</u>	20 \$23,000.00
	Total	<u>\$ 104,000.</u>	00 <u>\$25,000.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indit the number of persons who have purchased securities and the aggregate dollar amount of purchases on the total lines. Enter "0" if answer is "none" or "zero."	icate	
	•	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	<u> </u>
	Non-accredited Investors	1	\$25,000.00
	Total (for filings under Rule 504 only)	1	\$ <u>25,000.00</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all secur sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question	o the	
	T	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		
	Regulation A  Rule 504  Limited Liability Member	ershin Unit	\$
			\$ 25,000.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the inst The information may be given as subject to future contingencies. If the amount of an expenditution not known, furnish an estimate and check the box to the left of the estimate.	f the urer.	3
	Transfer Agent's Fees		] \$
	Printing and Engraving Costs		] \$
	Legal Fees		] \$
	Accounting Fees		\$
	Engineering Fees		] \$
	Sales Commissions (specify finders' fees separately)		] \$
	Other Expenses (identify)		] \$
	Total		\$_0.00
	* No previous offerings by Issuer - the type of securi	ty and the ar	nount noted
	* Includes dollar amount sold from this offering only.	-	

	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gro	SS	<u>\$</u> 104,000	
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate ar the payments listed must equal the adjusted gro	nd		
	Salaries and fees		Payments to Officers, Directors, & Affiliates \$20,000	Payments to Others	
	Purchase of real estate				
	Purchase, rental or leasing and installation of mac and equipment		_		
	Construction or leasing of plant buildings and faci	🔲 \$	_ 🗆 \$		
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	□ \$	□\$		
	Repayment of indebtedness				
	Working capital				
	Other (specify): Loan to Airworld Te	X \$ 25,000	_ 🗆 \$		
	Patent Attorney and patent inv		<b>3</b> \$40,000		
	Column Totals	M \$ 45000	<u>7</u> \$59,000		
	Total Payments Listed (column totals added)	,	10/ 000 00		
		D. FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acco	nish to the U.S. Securities and Exchange Comn	nission, upon writt		
	uer (Print or Type)	Signature	Date		
	Concept Reality LLC	ROWDINGON	06-21-0	)5_	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			
	Rick Duncan	General Manager			

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)